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**** CONTINUING DATA *******
none

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35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS
 003713

TITLE
 Diagnostic imaging apparatus

FILING FEE RECEIVED 3040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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